



Use this form only if you or your spouse have not been assigned a social security number and have never filed a tax return.

For Internal Use Only

I.D. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### STATEMENT OF INABILITY TO PROVIDE IRS DOCUMENTATION

Applicants who cannot provide Internal Revenue Service (IRS) documentation must complete the top portion of this form. The bottom portion must be completed by a representative of a community health clinic, community resource agency, church group, or other nonprofit organization.

Applicant/Member Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code+4: \_\_\_\_\_

I, \_\_\_\_\_, attest that I have provided all available income documentation as requested by Basic Health.

Applicant/Member Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

### For Representatives of Community Organizations, Sponsors, or Clinics

I, \_\_\_\_\_, attest that I have met with the above-referenced applicant, explained the importance of providing all available income documentation, and am satisfied that he/she has complied to the extent possible.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Uniform Business Identifier (UBI) #, if applicable: \_\_\_\_\_

Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or online at [www.wa.gov/hca](http://www.wa.gov/hca).

**Please return this form with your application.**